

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH.

State File No. 193  
Registered No. 218

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jess Williams Batina { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triple or other 1st 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth 8-26-25  
Month Day Year

8. FATHER  
Full name Mike Batina

9. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Austria  
(State or country)

13. Occupation  
Nature of industry Barber

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4  
(b) Born alive but now dead 0  
(c) Stillborn 0

14. MOTHER  
Full maiden name Katie Rivevich

15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Austria  
(State or country)

19. Occupation  
Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 10 A m. on the date above stated  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature W. W. Adams  
Globe Ariz.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Registrar

Filed 8/31 1925 W. W. Adams  
Registrar

121-826-278

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.